



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB0204

Introduced 01/21/11, by Rep. LaShawn K. Ford

SYNOPSIS AS INTRODUCED:

20 ILCS 505/22.3	from Ch. 23, par. 5022.3
410 ILCS 315/2a	from Ch. 111 1/2, par. 22.12a
720 ILCS 5/12-18	from Ch. 38, par. 12-18
730 ILCS 5/3-6-2	from Ch. 38, par. 1003-6-2
730 ILCS 5/3-8-2	from Ch. 38, par. 1003-8-2
730 ILCS 5/3-10-2	from Ch. 38, par. 1003-10-2
730 ILCS 125/17.10	

Amends various Acts to eliminate references to the Western Blot Assay test as a confirmatory test for HIV. Provides that the confirmatory test for HIV shall be based upon recommendations of the United States Centers for Disease Control. Effective immediately.

LRB097 05526 RLC 45587 b

1 AN ACT concerning HIV testing.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Children and Family Services Act is amended
5 by changing Section 22.3 as follows:

6 (20 ILCS 505/22.3) (from Ch. 23, par. 5022.3)

7 Sec. 22.3. To provide human immunodeficiency virus (HIV)
8 testing for any child in the custody of the Department being
9 placed in adoptive care, upon the request of the child's
10 prospective adoptive parent. Such test shall consist of an
11 enzyme-linked immunosorbent assay (ELISA) test to determine
12 the presence of antibodies to HIV, or such other test as may be
13 approved by the Illinois Department of Public Health; in the
14 event of a positive result, ~~a the Western Blot Assay or a more~~
15 reliable confirmatory test based upon recommendations of the
16 United States Centers for Disease Control shall also be
17 administered. The prospective adoptive parent requesting the
18 test shall be confidentially notified of the test result, and
19 if the test is positive, the Department shall provide the
20 prospective adoptive parents and child with treatment and
21 counseling, as appropriate. The Department shall report
22 positive HIV test results to the Illinois Department of Public
23 Health.

1 (Source: P.A. 86-904.)

2 Section 10. The Communicable Disease Prevention Act is
3 amended by changing Section 2a as follows:

4 (410 ILCS 315/2a) (from Ch. 111 1/2, par. 22.12a)

5 Sec. 2a. Whenever a child of school age is reported to the
6 Illinois Department of Public Health or a local health
7 department as having been diagnosed as having acquired immune
8 deficiency syndrome (AIDS) or AIDS-related complex (ARC) or as
9 having been shown to have been exposed to human
10 immunodeficiency virus (HIV) or any other identified causative
11 agent of AIDS by testing positive on a ~~Western Blot Assay or~~
12 ~~more~~ reliable test based upon recommendations of the United
13 States Centers for Disease Control, such department shall give
14 prompt and confidential notice of the identity of the child to
15 the principal of the school in which the child is enrolled. If
16 the child is enrolled in a public school, the principal shall
17 disclose the identity of the child to the superintendent of the
18 school district in which the child resides.

19 The principal may, as necessary, disclose the identity of
20 an infected child to:

- 21 (1) the school nurse at that school;
- 22 (2) the classroom teachers in whose classes the child is
23 enrolled; and
- 24 (3) those persons who, pursuant to federal or state law,

1 are required to decide the placement or educational program of
2 the child.

3 In addition, the principal may inform such other persons as
4 may be necessary that an infected child is enrolled at that
5 school, so long as the child's identity is not revealed.

6 (Source: P.A. 85-1399.)

7 Section 15. The Criminal Code of 1961 is amended by
8 changing Section 12-18 as follows:

9 (720 ILCS 5/12-18) (from Ch. 38, par. 12-18)

10 Sec. 12-18. General Provisions.

11 (a) No person accused of violating Sections 12-13, 12-14,
12 12-15 or 12-16 of this Code shall be presumed to be incapable
13 of committing an offense prohibited by Sections 12-13, 12-14,
14 12-14.1, 12-15 or 12-16 of this Code because of age, physical
15 condition or relationship to the victim, except as otherwise
16 provided in subsection (c) of this Section. Nothing in this
17 Section shall be construed to modify or abrogate the
18 affirmative defense of infancy under Section 6-1 of this Code
19 or the provisions of Section 5-805 of the Juvenile Court Act of
20 1987.

21 (b) Any medical examination or procedure which is conducted
22 by a physician, nurse, medical or hospital personnel, parent,
23 or caretaker for purposes and in a manner consistent with
24 reasonable medical standards is not an offense under Sections

1 12-13, 12-14, 12-14.1, 12-15 and 12-16 of this Code.

2 (c) (Blank).

3 (d) (Blank).

4 (e) After a finding at a preliminary hearing that there is
5 probable cause to believe that an accused has committed a
6 violation of Section 12-13, 12-14, or 12-14.1 of this Code, or
7 after an indictment is returned charging an accused with a
8 violation of Section 12-13, 12-14, or 12-14.1 of this Code, or
9 after a finding that a defendant charged with a violation of
10 Section 12-13, 12-14, or 12-14.1 of this Code is unfit to stand
11 trial pursuant to Section 104-16 of the Code of Criminal
12 Procedure of 1963 where the finding is made prior to
13 preliminary hearing, at the request of the person who was the
14 victim of the violation of Section 12-13, 12-14, or 12-14.1,
15 the prosecuting State's attorney shall seek an order from the
16 court to compel the accused to be tested within 48 hours for
17 any sexually transmissible disease, including a test for
18 infection with human immunodeficiency virus (HIV). The medical
19 tests shall be performed only by appropriately licensed medical
20 practitioners. The test for infection with human
21 immunodeficiency virus (HIV) shall consist of an enzyme-linked
22 immunosorbent assay (ELISA) test, or such other test as may be
23 approved by the Illinois Department of Public Health; in the
24 event of a positive result, ~~a the Western Blot Assay or a more~~
25 reliable confirmatory test based upon recommendations of the
26 United States Centers for Disease Control shall be

1 administered. The results of the tests and any follow-up tests
2 shall be kept strictly confidential by all medical personnel
3 involved in the testing and must be personally delivered in a
4 sealed envelope to the victim, to the defendant, to the State's
5 Attorney, and to the judge who entered the order, for the
6 judge's inspection in camera. The judge shall provide to the
7 victim a referral to the Illinois Department of Public Health
8 HIV/AIDS toll-free hotline for counseling and information in
9 connection with the test result. Acting in accordance with the
10 best interests of the victim and the public, the judge shall
11 have the discretion to determine to whom, if anyone, the result
12 of the testing may be revealed; however, in no case shall the
13 identity of the victim be disclosed. The court shall order that
14 the cost of the tests shall be paid by the county, and shall be
15 taxed as costs against the accused if convicted.

16 (f) Whenever any law enforcement officer has reasonable
17 cause to believe that a person has been delivered a controlled
18 substance without his or her consent, the law enforcement
19 officer shall advise the victim about seeking medical treatment
20 and preserving evidence.

21 (g) Every hospital providing emergency hospital services
22 to an alleged sexual assault survivor, when there is reasonable
23 cause to believe that a person has been delivered a controlled
24 substance without his or her consent, shall designate personnel
25 to provide:

26 (1) An explanation to the victim about the nature and

1 effects of commonly used controlled substances and how such
2 controlled substances are administered.

3 (2) An offer to the victim of testing for the presence
4 of such controlled substances.

5 (3) A disclosure to the victim that all controlled
6 substances or alcohol ingested by the victim will be
7 disclosed by the test.

8 (4) A statement that the test is completely voluntary.

9 (5) A form for written authorization for sample
10 analysis of all controlled substances and alcohol ingested
11 by the victim.

12 A physician licensed to practice medicine in all its
13 branches may agree to be a designated person under this
14 subsection.

15 No sample analysis may be performed unless the victim
16 returns a signed written authorization within 30 days after the
17 sample was collected.

18 Any medical treatment or care under this subsection shall
19 be only in accordance with the order of a physician licensed to
20 practice medicine in all of its branches. Any testing under
21 this subsection shall be only in accordance with the order of a
22 licensed individual authorized to order the testing.

23 (Source: P.A. 94-397, eff. 1-1-06; 95-926, eff. 8-26-08.)

24 Section 20. The Unified Code of Corrections is amended by
25 changing Sections 3-6-2, 3-8-2, and 3-10-2 as follows:

1 (730 ILCS 5/3-6-2) (from Ch. 38, par. 1003-6-2)

2 Sec. 3-6-2. Institutions and Facility Administration.

3 (a) Each institution and facility of the Department shall
4 be administered by a chief administrative officer appointed by
5 the Director. A chief administrative officer shall be
6 responsible for all persons assigned to the institution or
7 facility. The chief administrative officer shall administer
8 the programs of the Department for the custody and treatment of
9 such persons.

10 (b) The chief administrative officer shall have such
11 assistants as the Department may assign.

12 (c) The Director or Assistant Director shall have the
13 emergency powers to temporarily transfer individuals without
14 formal procedures to any State, county, municipal or regional
15 correctional or detention institution or facility in the State,
16 subject to the acceptance of such receiving institution or
17 facility, or to designate any reasonably secure place in the
18 State as such an institution or facility and to make transfers
19 thereto. However, transfers made under emergency powers shall
20 be reviewed as soon as practicable under Article 8, and shall
21 be subject to Section 5-905 of the Juvenile Court Act of 1987.
22 This Section shall not apply to transfers to the Department of
23 Human Services which are provided for under Section 3-8-5 or
24 Section 3-10-5.

25 (d) The Department shall provide educational programs for

1 all committed persons so that all persons have an opportunity
2 to attain the achievement level equivalent to the completion of
3 the twelfth grade in the public school system in this State.
4 Other higher levels of attainment shall be encouraged and
5 professional instruction shall be maintained wherever
6 possible. The Department may establish programs of mandatory
7 education and may establish rules and regulations for the
8 administration of such programs. A person committed to the
9 Department who, during the period of his or her incarceration,
10 participates in an educational program provided by or through
11 the Department and through that program is awarded or earns the
12 number of hours of credit required for the award of an
13 associate, baccalaureate, or higher degree from a community
14 college, college, or university located in Illinois shall
15 reimburse the State, through the Department, for the costs
16 incurred by the State in providing that person during his or
17 her incarceration with the education that qualifies him or her
18 for the award of that degree. The costs for which reimbursement
19 is required under this subsection shall be determined and
20 computed by the Department under rules and regulations that it
21 shall establish for that purpose. However, interest at the rate
22 of 6% per annum shall be charged on the balance of those costs
23 from time to time remaining unpaid, from the date of the
24 person's parole, mandatory supervised release, or release
25 constituting a final termination of his or her commitment to
26 the Department until paid.

1 (d-5) A person committed to the Department is entitled to
2 confidential testing for infection with human immunodeficiency
3 virus (HIV) and to counseling in connection with such testing,
4 with no copay to the committed person. A person committed to
5 the Department who has tested positive for infection with HIV
6 is entitled to medical care while incarcerated, counseling, and
7 referrals to support services, in connection with that positive
8 test result. Implementation of this subsection (d-5) is subject
9 to appropriation.

10 (e) A person committed to the Department who becomes in
11 need of medical or surgical treatment but is incapable of
12 giving consent thereto shall receive such medical or surgical
13 treatment by the chief administrative officer consenting on the
14 person's behalf. Before the chief administrative officer
15 consents, he or she shall obtain the advice of one or more
16 physicians licensed to practice medicine in all its branches in
17 this State. If such physician or physicians advise:

18 (1) that immediate medical or surgical treatment is
19 required relative to a condition threatening to cause
20 death, damage or impairment to bodily functions, or
21 disfigurement; and

22 (2) that the person is not capable of giving consent to
23 such treatment; the chief administrative officer may give
24 consent for such medical or surgical treatment, and such
25 consent shall be deemed to be the consent of the person for
26 all purposes, including, but not limited to, the authority

1 of a physician to give such treatment.

2 (e-5) If a physician providing medical care to a committed
3 person on behalf of the Department advises the chief
4 administrative officer that the committed person's mental or
5 physical health has deteriorated as a result of the cessation
6 of ingestion of food or liquid to the point where medical or
7 surgical treatment is required to prevent death, damage, or
8 impairment to bodily functions, the chief administrative
9 officer may authorize such medical or surgical treatment.

10 (f) In the event that the person requires medical care and
11 treatment at a place other than the institution or facility,
12 the person may be removed therefrom under conditions prescribed
13 by the Department. The Department shall require the committed
14 person receiving medical or dental services on a non-emergency
15 basis to pay a \$2 co-payment to the Department for each visit
16 for medical or dental services. The amount of each co-payment
17 shall be deducted from the committed person's individual
18 account. A committed person who has a chronic illness, as
19 defined by Department rules and regulations, shall be exempt
20 from the \$2 co-payment for treatment of the chronic illness. A
21 committed person shall not be subject to a \$2 co-payment for
22 follow-up visits ordered by a physician, who is employed by, or
23 contracts with, the Department. A committed person who is
24 indigent is exempt from the \$2 co-payment and is entitled to
25 receive medical or dental services on the same basis as a
26 committed person who is financially able to afford the

1 co-payment. Notwithstanding any other provision in this
2 subsection (f) to the contrary, any person committed to any
3 facility operated by the Department of Juvenile Justice, as set
4 forth in Section 3-2.5-15 of this Code, is exempt from the
5 co-payment requirement for the duration of confinement in those
6 facilities.

7 (g) Any person having sole custody of a child at the time
8 of commitment or any woman giving birth to a child after her
9 commitment, may arrange through the Department of Children and
10 Family Services for suitable placement of the child outside of
11 the Department of Corrections. The Director of the Department
12 of Corrections may determine that there are special reasons why
13 the child should continue in the custody of the mother until
14 the child is 6 years old.

15 (h) The Department may provide Family Responsibility
16 Services which may consist of, but not be limited to the
17 following:

18 (1) family advocacy counseling;

19 (2) parent self-help group;

20 (3) parenting skills training;

21 (4) parent and child overnight program;

22 (5) parent and child reunification counseling, either
23 separately or together, preceding the inmate's release;
24 and

25 (6) a prerelease reunification staffing involving the
26 family advocate, the inmate and the child's counselor, or

1 both and the inmate.

2 (i) Prior to the release of any inmate who has a documented
3 history of intravenous drug use, and upon the receipt of that
4 inmate's written informed consent, the Department shall
5 provide for the testing of such inmate for infection with human
6 immunodeficiency virus (HIV) and any other identified
7 causative agent of acquired immunodeficiency syndrome (AIDS).
8 The testing provided under this subsection shall consist of an
9 enzyme-linked immunosorbent assay (ELISA) test or such other
10 test as may be approved by the Illinois Department of Public
11 Health. If the test result is positive, a ~~the Western Blot~~
12 ~~Assay or more~~ reliable confirmatory test based upon
13 recommendations of the United States Centers for Disease
14 Control shall be administered. All inmates tested in accordance
15 with the provisions of this subsection shall be provided with
16 pre-test and post-test counseling. Notwithstanding any
17 provision of this subsection to the contrary, the Department
18 shall not be required to conduct the testing and counseling
19 required by this subsection unless sufficient funds to cover
20 all costs of such testing and counseling are appropriated for
21 that purpose by the General Assembly.

22 (j) Any person convicted of a sex offense as defined in the
23 Sex Offender Management Board Act shall be required to receive
24 a sex offender evaluation prior to release into the community
25 from the Department of Corrections. The sex offender evaluation
26 shall be conducted in conformance with the standards and

1 guidelines developed under the Sex Offender Management Board
2 Act and by an evaluator approved by the Board.

3 (k) Any minor committed to the Department of Juvenile
4 Justice for a sex offense as defined by the Sex Offender
5 Management Board Act shall be required to undergo sex offender
6 treatment by a treatment provider approved by the Board and
7 conducted in conformance with the Sex Offender Management Board
8 Act.

9 (l) Prior to the release of any inmate, the Department must
10 provide the inmate with the option of testing for infection
11 with human immunodeficiency virus (HIV), as well as counseling
12 in connection with such testing, with no copayment for the
13 test. At the same time, the Department shall require each such
14 inmate to sign a form stating that the inmate has been informed
15 of his or her rights with respect to the testing required to be
16 offered under this subsection (l) and providing the inmate with
17 an opportunity to indicate either that he or she wants to be
18 tested or that he or she does not want to be tested. The
19 Department, in consultation with the Department of Public
20 Health, shall prescribe the contents of the form. The testing
21 provided under this subsection (l) shall consist of an
22 enzyme-linked immunosorbent assay (ELISA) test or any other
23 test approved by the Department of Public Health. If the test
24 result is positive, a ~~the Western Blot Assay or more~~ reliable
25 confirmatory test based upon recommendations of the United
26 States Centers for Disease Control shall be administered.

1 Prior to the release of an inmate who the Department knows
2 has tested positive for infection with HIV, the Department in a
3 timely manner shall offer the inmate transitional case
4 management, including referrals to other support services.

5 Implementation of this subsection (1) is subject to
6 appropriation.

7 (m) The chief administrative officer of each institution or
8 facility of the Department shall make a room in the institution
9 or facility available for addiction recovery services to be
10 provided to committed persons on a voluntary basis. The
11 services shall be provided for one hour once a week at a time
12 specified by the chief administrative officer of the
13 institution or facility if the following conditions are met:

14 (1) the addiction recovery service contacts the chief
15 administrative officer to arrange the meeting;

16 (2) the committed person may attend the meeting for
17 addiction recovery services only if the committed person
18 uses pre-existing free time already available to the
19 committed person;

20 (3) all disciplinary and other rules of the institution
21 or facility remain in effect;

22 (4) the committed person is not given any additional
23 privileges to attend addiction recovery services;

24 (5) if the addiction recovery service does not arrange
25 for scheduling a meeting for that week, no addiction
26 recovery services shall be provided to the committed person

1 in the institution or facility for that week;

2 (6) the number of committed persons who may attend an
3 addiction recovery meeting shall not exceed 40 during any
4 session held at the correctional institution or facility;

5 (7) a volunteer seeking to provide addiction recovery
6 services under this subsection (m) must submit an
7 application to the Department of Corrections under
8 existing Department rules and the Department must review
9 the application within 60 days after submission of the
10 application to the Department; and

11 (8) each institution and facility of the Department
12 shall manage the addiction recovery services program
13 according to its own processes and procedures.

14 For the purposes of this subsection (m), "addiction
15 recovery services" means recovery services for alcoholics and
16 addicts provided by volunteers of recovery support services
17 recognized by the Department of Human Services.

18 (Source: P.A. 96-284, eff. 1-1-10.)

19 (730 ILCS 5/3-8-2) (from Ch. 38, par. 1003-8-2)

20 Sec. 3-8-2. Social Evaluation; physical examination;
21 HIV/AIDS.

22 (a) A social evaluation shall be made of a committed
23 person's medical, psychological, educational and vocational
24 condition and history, including the use of alcohol and other
25 drugs, the circumstances of his offense, and such other

1 information as the Department may determine. The committed
2 person shall be assigned to an institution or facility in so
3 far as practicable in accordance with the social evaluation.
4 Recommendations shall be made for medical, dental,
5 psychiatric, psychological and social service treatment.

6 (b) A record of the social evaluation shall be entered in
7 the committed person's master record file and shall be
8 forwarded to the institution or facility to which the person is
9 assigned.

10 (c) Upon admission to a correctional institution each
11 committed person shall be given a physical examination. If he
12 is suspected of having a communicable disease that in the
13 judgment of the Department medical personnel requires medical
14 isolation, the committed person shall remain in medical
15 isolation until it is no longer deemed medically necessary.

16 (d) Upon arrival at an inmate's final destination, the
17 Department must provide the committed person with appropriate
18 written information and counseling concerning HIV and AIDS. The
19 Department shall develop the written materials in consultation
20 with the Department of Public Health. At the same time, the
21 Department also must offer the committed person the option of
22 being tested, with no copayment, for infection with human
23 immunodeficiency virus (HIV). The Department shall require
24 each committed person to sign a form stating that the committed
25 person has been informed of his or her rights with respect to
26 the testing required to be offered under this subsection (d)

1 and providing the committed person with an opportunity to
2 indicate either that he or she wants to be tested or that he or
3 she does not want to be tested. The Department, in consultation
4 with the Department of Public Health, shall prescribe the
5 contents of the form. The testing provided under this
6 subsection (d) shall consist of an enzyme-linked immunosorbent
7 assay (ELISA) test or any other test approved by the Department
8 of Public Health. If the test result is positive, ~~a the Western~~
9 ~~Blot Assay or more~~ reliable confirmatory test based upon
10 recommendations of the United States Centers for Disease
11 Control shall be administered. Implementation of this
12 subsection (d) is subject to appropriation.

13 (Source: P.A. 94-629, eff. 1-1-06.)

14 (730 ILCS 5/3-10-2) (from Ch. 38, par. 1003-10-2)

15 Sec. 3-10-2. Examination of Persons Committed to the
16 Department of Juvenile Justice.

17 (a) A person committed to the Department of Juvenile
18 Justice shall be examined in regard to his medical,
19 psychological, social, educational and vocational condition
20 and history, including the use of alcohol and other drugs, the
21 circumstances of his offense and any other information as the
22 Department of Juvenile Justice may determine.

23 (a-5) Upon admission of a person committed to the
24 Department of Juvenile Justice, the Department of Juvenile
25 Justice must provide the person with appropriate written

1 information and counseling concerning HIV and AIDS. The
2 Department of Juvenile Justice shall develop the written
3 materials in consultation with the Department of Public Health.
4 At the same time, the Department of Juvenile Justice also must
5 offer the person the option of being tested, at no charge to
6 the person, for infection with human immunodeficiency virus
7 (HIV) or any other identified causative agent of acquired
8 immunodeficiency syndrome (AIDS). The Department of Juvenile
9 Justice shall require each person committed to the Department
10 of Juvenile Justice to sign a form stating that the person has
11 been informed of his or her rights with respect to the testing
12 required to be offered under this subsection (a-5) and
13 providing the person with an opportunity to indicate either
14 that he or she wants to be tested or that he or she does not
15 want to be tested. The Department of Juvenile Justice, in
16 consultation with the Department of Public Health, shall
17 prescribe the contents of the form. The testing provided under
18 this subsection (a-5) shall consist of an enzyme-linked
19 immunosorbent assay (ELISA) test or any other test approved by
20 the Department of Public Health. If the test result is
21 positive, a ~~the Western Blot Assay or more~~ reliable
22 confirmatory test based upon recommendations of the United
23 States Centers for Disease Control shall be administered.

24 Also upon admission of a person committed to the Department
25 of Juvenile Justice, the Department of Juvenile Justice must
26 inform the person of the Department's obligation to provide the

1 person with medical care.

2 Implementation of this subsection (a-5) is subject to
3 appropriation.

4 (b) Based on its examination, the Department of Juvenile
5 Justice may exercise the following powers in developing a
6 treatment program of any person committed to the Department of
7 Juvenile Justice:

8 (1) Require participation by him in vocational,
9 physical, educational and corrective training and
10 activities to return him to the community.

11 (2) Place him in any institution or facility of the
12 Department of Juvenile Justice.

13 (3) Order replacement or referral to the Parole and
14 Pardon Board as often as it deems desirable. The Department
15 of Juvenile Justice shall refer the person to the Parole
16 and Pardon Board as required under Section 3-3-4.

17 (4) Enter into agreements with the Secretary of Human
18 Services and the Director of Children and Family Services,
19 with courts having probation officers, and with private
20 agencies or institutions for separate care or special
21 treatment of persons subject to the control of the
22 Department of Juvenile Justice.

23 (c) The Department of Juvenile Justice shall make periodic
24 reexamination of all persons under the control of the
25 Department of Juvenile Justice to determine whether existing
26 orders in individual cases should be modified or continued.

1 This examination shall be made with respect to every person at
2 least once annually.

3 (d) A record of the treatment decision including any
4 modification thereof and the reason therefor, shall be part of
5 the committed person's master record file.

6 (e) The Department of Juvenile Justice shall by certified
7 mail, return receipt requested, notify the parent, guardian or
8 nearest relative of any person committed to the Department of
9 Juvenile Justice of his physical location and any change
10 thereof.

11 (Source: P.A. 94-629, eff. 1-1-06; 94-696, eff. 6-1-06.)

12 Section 25. The County Jail Act is amended by changing
13 Section 17.10 as follows:

14 (730 ILCS 125/17.10)

15 Sec. 17.10. Requirements in connection with HIV/AIDS.

16 (a) In each county other than Cook, during the medical
17 admissions exam, the warden of the jail, a correctional officer
18 at the jail, or a member of the jail medical staff must provide
19 the prisoner with appropriate written information concerning
20 human immunodeficiency virus (HIV) and acquired
21 immunodeficiency syndrome (AIDS). The Department of Public
22 Health and community-based organizations certified to provide
23 HIV/AIDS testing must provide these informational materials to
24 the warden at no cost to the county. The warden, a correctional

1 officer, or a member of the jail medical staff must inform the
2 prisoner of the option of being tested for infection with HIV
3 by a certified local community-based agency or other available
4 medical provider at no charge to the prisoner.

5 (b) In Cook County, during the medical admissions exam, an
6 employee of the Cook County Bureau of Health Services must
7 provide the prisoner with appropriate written information
8 concerning human immunodeficiency virus (HIV) and acquired
9 immunodeficiency syndrome (AIDS) and must also provide the
10 prisoner with option of testing for infection with HIV or any
11 other identified causative agent of AIDS, as well as counseling
12 in connection with such testing. The Department of Public
13 Health and community-based organizations certified to provide
14 HIV/AIDS testing must provide these informational materials to
15 the Bureau at no cost to the county. The testing provided under
16 this subsection (b) shall be conducted by the Cook County
17 Bureau of Health Services and shall consist of an enzyme-linked
18 immunosorbent assay (ELISA) test or any other test approved by
19 the Department of Public Health. If the test result is
20 positive, a ~~the Western Blot Assay or more~~ reliable
21 confirmatory test based upon recommendations of the United
22 States Centers for Disease Control shall be administered.

23 (c) In each county, the warden of the jail must make
24 appropriate written information concerning HIV/AIDS available
25 to every visitor to the jail. This information must include
26 information concerning persons or entities to contact for local

1 counseling and testing. The Department of Public Health and
2 community-based organizations certified to provide HIV/AIDS
3 testing must provide these informational materials to the
4 warden at no cost to the office of the county sheriff.

5 (d) Implementation of this Section is subject to
6 appropriation.

7 (Source: P.A. 94-629, eff. 1-1-06.)

8 Section 99. Effective date. This Act takes effect upon
9 becoming law.